

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wholesaler-Distributor PAC of the National Association of Wholesaler-Distributors

Full Name (Last, First, Middle Initial)

**A. RELY ON YOUR BELIEFS FUND**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
General Election

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6113

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. SANTORUM 2006 INC**

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement  
Political ContributionCandidate Name  
Rick SantorumCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.6109

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	6

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. SIMMONS FOR CONGRESS**Mailing Address P.O. Box 268 Drawer 271  
P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement  
Political ContributionCandidate Name  
Rob SimmonsCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 2

Transaction ID: SB23.6125

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	0	6

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....